

Retirement Choice Election Form

Instructions: State law requires that, as a condition of employment, you participate in one of the following retirement plans;

- The State of Colorado's Defined Contribution Retirement Plan (State DC Plan)
- Colorado Public Employees' Retirement Association Defined Benefit (PERA DB)
- Colorado Public Employees' Retirement Association Defined Contribution (PERA DC)

All qualified retirement plans substitute for Social Security.

Complete this form and submit it to your payroll or personnel office promptly, but no later than 60 calendar days from your date of hire. The 60 calendar days start with and include your date of hire. You may be required to complete additional information dependent on your retirement choice. Obtain information about each of the plans available to you from your payroll office. You may call PERA or one of the State DC providers to discuss their programs. If you do not complete and return this form to your payroll office within 60 calendar days after your first day of employment, you will be automatically enrolled in PERA DB.

New Employees:

Step 1 Determine what plans you are eligible for; please answer the following questions (eligibility will be verified):

1. Are you a PERA retiree (receiving a monthly PERA benefit)? ____ Yes ____ No
If yes AND an elected official you may continue or begin contributions to the State DC Plan or the PERA DC. You may not participate in the PERA DB.
If yes AND ARE NOT an elected official, you are **not eligible** to participate in any retirement plan.
If no, continue to question #2
2. Have you worked for a PERA covered employer (e.g. school district or state agency) in the last 12 months? ____ Yes ____ No
If yes, you must continue the retirement plan you were previously enrolled in; State DC, PERA DB, or PERA DC.
If no, you are eligible to participate in any of the retirement plans offered; State DC, PERA DB, or PERA DC.

Step 2 Choose from the following three choices:

- ☐ I elect to enroll in the State DC Plan and I understand that this is an irrevocable election. I designate the bundled provider checked below to be the sole recipient of my contributions for this calendar year and each succeeding calendar year unless I select another bundled provider during a future annual open enrollment. **(You must also complete the bundled provider's enrollment form available online or from your payroll/personnel office to implement your choice of investment fund(s) and to designate a beneficiary.) Please select one of the providers listed below.**

☐ Great-West Retirement Services ☐ The Hartford ☐ ICMA Retirement Corporation

OR

- ☐ I elect to enroll in the PERA DB retirement plan. I understand that I may, at a subsequent time, elect to participate in the PERA DC Plan. Please also complete a *PERA Member Information Form* to designate a beneficiary. If you check this block, skip to personal information section below.

OR

- ☐ I elect to enroll in the PERA DC retirement plan. I understand that I may, at a subsequent time, elect to participate in the PERA DB Plan Please also complete a *PERA DC Beneficiary Designation Form* to designate a beneficiary. If you check this block, skip to the personal information section below.

Step 3 Investment enrollment: Please visit the designated provider's website or complete the enrollment form (if applicable) to choose your investment options and designate your beneficiary(s)

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| • Great-West Retirement Services | www.colorado401a.com | 800-838-0457, option #2 |
| • The Hartford | www.retire.hartfordlife.com | 303-645-8608 or 800-525-7418 x58513 |
| • ICMA Retirement Corp | www.icmarc.org | 720-851-5457 or 866-749-5178 |
| • PERA (PERA DB and PERA DC) | www.copera.org | 303-832-9550 or 800-759-7372 |

I understand that it is my responsibility to coordinate any rollovers I may wish to make from previous retirement accounts to the State DC Plan provider I have selected or to PERA. I also understand that I must confirm that my payroll deductions are accurate for the plan I have selected and I will notify my payroll office of any corrections within 10 days after the month in which the change becomes effective.

Print Name: _____ SSN: _____

Signature: _____ Date: _____

Home Address: _____

Agency/Org ID: _____ Day Phone: _____ Date of Birth: _____

For Payroll/Personnel Use:

Employee Status (FT, PT, Temp): _____ **Date of Hire:** _____

Date Election Form Received: _____ **Screen Entry Date:** _____

Entered by (print name): _____ **Phone Number:** _____